

Psychosocial Rehabilitation Emphasis Area Training

VAPAHCS, which annually provides outpatient mental health services to nearly 10,000 veterans at eight sites is gradually shifting to a psychosocial rehabilitation focus. The shift to Psychosocial Rehabilitation (PSR) practice begins with the realization that people with chronic and severe mental illness (CSMI) can and do get better. This recovery vision is the driving force of psychosocial rehabilitation and is supported by the VHA *Mental Health Program Guidelines* (9/3/99). Veterans with CSMI “should not be deprived of the opportunity to attain greater self-determination.” VAPAHCS, an affiliated training center for many disciplines from several universities, offers multiple excellent opportunities for educating PSR mental health leaders of the future who will have a commitment to the potential recovery of CSMI individuals, will promote integration of care, expand systemic education, and lead progressive change.

PSR strives not only to achieve stability but moves beyond the maintenance model of symptom control to emphasize functioning in the community of one's own choosing. Social rehabilitation assists individuals in transcending limits imposed by mental illness and addressing social barriers such as second class personhood and stigma, so that the individual can achieve their goals and aspirations. As such, PSR is both a conceptual framework for understanding mental illness and a client-centered system of care. . Fellows in the Psychology Postdoctoral Fellowship Program who obtain training in the PSR emphasis area will attain general clinical competencies, as well as the PSR-specific competencies described below.

Philosophy & Values

VAPAHCS offers services to veterans with CSMI based on the primary principles of psychosocial rehabilitation, as described by the United States Psychiatric Rehabilitation Association (USPRA) in their “Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment” (9/9/97). These guidelines were developed in conjunction with a task force convened by the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) and the work of the USPRA Managed Care Committee. Per these standards, a psychosocial rehabilitation practitioner will:

- Promote continuity of care
- Engage with the whole person
- Foster hope, self-esteem, & empowerment
- Encourage advocacy, peer support, & self-help
- Support consumer-identified community goals
- Promote education, role models, & self-determination
- Encourage natural social supports & resources
- Teach life, stress, & symptom management skills
- Develop partnerships with consumers, families, caregivers, & the community
- Facilitate community-based normative experiences (Social, educational, vocational, & leisure)

Curriculum

In addition to ensuring the attainment of advanced general clinical competencies in psychology, didactic training is offered in the PSR emphasis area. The didactic curriculum is based on materials from a variety of leaders in the field of PSR such as: USPRA, Boston University's Center for Psychiatric Rehabilitation, the National Empowerment Center, and various practitioners and researchers of evidence based practices. The foundation of the PSR fellowship training will be to promote collective learning from academic, research, consumer, and community based resources.

A variety of teaching methods will be utilized; as much as possible, teaching will be informal and arise out of specific clinical learning opportunities. The full set of teaching modalities includes:

- Individual and group supervision
- Review of videotaped and written materials
- Fellow and guest presentations
- Core and affiliated faculty didactic sessions
- Interprofessional team development exercises
- Attendance at professional/consumer conferences
- Observation of staff modeling clinical and leadership skills
- Co-facilitation of groups and interventions with staff clinicians
- Role playing especially for communication and engagement skills
- Assigned readings to provide basic information and expand on teaching topics
- Visits and discussions with consumers who will share their recovery experiences
- Program development and outcome measurement

The curriculum's learning domains will be based on the seven core competencies of a psychiatric rehabilitation practitioner as defined by the examination for Certified/Registered Psychiatric Rehabilitation Practitioner (CPRP) that evolved from the USPPRA "Practice Guidelines". All of the domains are considered essential for training PSR professionals. Each content area will have an assigned faculty leader responsible for coordination and teaching methods related to that domain across all fellowship disciplines. The faculty leader will be responsible for ensuring that curricular objectives are addressed and will coordinate training evaluation within the domain.

CPRP Exam Program Domains

- Interpersonal Competencies
- Professional Role Competencies
- Community Resources
- Assessment, Planning, and Outcomes
- Systems Competencies
- Interventions & Evidence Based Practice
- Diversity

Exposure, Experience, & Expertise

By design, training in the PSR emphasis area will provide integrated educational opportunities both on-site and with a variety of community PSR-focused agencies that serve individuals with CSMI. Past in-services include: College of San Mateo's Transition to College Program (for individuals with CSMI), the Enterprise Resource Center (100% consumer run agency), Palo Alto New Hope Self-Help Center, the Contra Costa Recovery Centers, the San Mateo County Community Rehabilitation Coalition, and California Association of Rehabilitation Services (CASRA). The VA PSR National hub site coordinates monthly didactic programs provided via video internet and telephone conference on PSR topics. Exposure to local and national PSR programs will provide a vital contrast to traditional medical model services that have been the standard of care for hospital systems.

Interprofessional Domains

- Collective planning of PSR practice
- Training, skills, and roles of each profession on the team
- Unique skills and role of one's own profession on the team
- Cooperative leadership in conducting interprofessional team activities
- Effective problem solving and ability to achieve consensual decisions
- Shared expertise for one's own profession and other professions on the team

Proposed Education Dissemination Project

Fellows will design a PSR project that allows them to develop their PSR skills by exploring options, fostering engagement, challenging stigma, and connecting with resources. The dissemination project can be developed at the immersion site, the Acute Inpatient Psychiatry or any of the rotation sites depending on the Fellow's interest and expertise. The presentation of project curriculum developed by the PSR fellows could be offered via streaming video technology in cooperation with our MIRECC.

In addition, the PSR fellows will develop a seminar for presentation at the Psychiatric Rehabilitation Association (formerly USPRA) annual conference. The PRA conference is a meeting of consumers, family, providers, and researchers dedicated to disseminating PSR information, concepts, and techniques.

Reviewed by: Stephen Black, Ph.D., Ph.D.
Date: 08/04/2014

Rotation Sites:

Inpatient Psychiatry (Building 520, PAD)

Supervisors: Stephen T. Black, Ph.D.

William O. Faustman, Ph.D.

Malathy Kuppuswamy, MD

- 1. Patient population:** This site allows for participation in a range of activities with acutely hospitalized patients with severe mental illness. The new Mental Health Center (PAD 520) which opened in September 2012 is a state-of-the-art 80-bed inpatient treatment facility. The building has four 20 beds units. A coed unit provides treatment to severely ill women throughout Northern California. As such, it is the only inpatient facility for women veterans in VISN 21, the coed unit also provides geropsychiatric treatment for male veterans. An all male unit provides treatment for acutely ill men often on an involuntary basis. Another all male unit provides treatment for primarily voluntary psychiatric patients. The final unit houses a 28-day residential substance use rehab program. The co-location of the four units allows for a synergism of resources from psychotherapy groups to staff expertise.
- 2. Psychology's role in the setting:** Psychology has an active role on all units, performing diagnostic work, teaching, clinical assessment, psychoeducation, group psychotherapy, and psychiatric rehabilitation.
- 3. Other professionals and trainees in the setting:** The units serve as teaching units for the residency and medical student training programs of Stanford University School of Medicine. In addition, these units have long provided training for predoctoral interns in the VAPA psychology training program. Psychology fellows are welcome to participate in the training experiences (e.g., several hours a week of additional didactic training) offered by the Stanford psychiatry training program.
- 4. Nature of clinical services delivered:** Inpatient Psychiatry provides acute inpatient care for veterans with serious mental illness who are in acute crisis and psychosocial rehabilitation through groups that focus on recovery and strengths/values assessment, skills training, cognitive behavioral therapy, and relapse prevention planning.
- 5. Fellow's role in the setting:** The fellow is expected to perform a range of clinical duties and specifically seek out patients with severe mental illness. Fellows may offer groups with a PSR focus. In addition, past fellows have served as a liaison between inpatient psychiatry and the VRC program described above (e.g., taking veterans to visit VRC prior to their discharge from acute psychiatry) as well as outpatient mental health services, including the MH Clinic and supported employment. Fellows are also encouraged to provide teaching and assist in the training of predoctoral interns on the

unit, as well as present didactic presentations to staff of all disciplines on the unit as part of the implementation and dissemination competency.

6. **Amount/type of supervision:** At least one hour per week of individual supervision as well as several more hours per week of group supervision (e.g., co-leading unit groups, participating in a supervision group).
7. **Didactics in the setting:** As noted above, fellows are welcome to participate in a range of didactics offered by the inpatient psychiatric staff and the Psychosocial Rehabilitation Services staff. This includes several hours a weeks of lectures on a range of topics in severe mental illness.
8. **Pace:** Inpatient psychiatry is a rapid paced placement. Patients typically stay on the units for approximately 10-14 days, so there are usually admissions and discharges on a daily basis.

Training in the PSR area will be based on immersion training on the inpatient units. The inpatient psychiatry rotation provides an opportunity to work with SMI veterans during acute treatment, which often serves as the gateway to other services. The multidimensional treatment team setting of inpatient psychiatry is an excellent place to develop the interprofessional skills necessary for PSR work. The current primary supervisors for these experiences are Stephen Black, Ph.D. and William Faustman, Ph.D. Veterans treated on the acute unit are typically hospitalized following some type of crisis and often start hospitalization on an involuntary status (e.g., 72 hour hold for danger to self or others). The fellow will, initially, be placed on the acute, but there is sufficient flexibility to allow for training on all inpatient units. They may act as the primary provider for veterans who have been hospitalized with severe mental illness. This treatment can include the introduction of PSR principals with these veterans. In this work the fellow can serve as a liaison between inpatient programs and outpatient programs and services. We have found from prior experience that inpatient veterans may show better outpatient follow-up with services if they already had been introduced to the services or program prior to discharge from the hospital. The fellow may accompany the CMI veteran to the program while still an inpatient, thus providing such an introduction. PSR fellows may also lead inpatient groups with a focus on recovery and rehabilitation. The units also allow for extensive training in the psychopharmacological treatment of veterans with SMI diagnoses.

Dr. Black is a former VA Palo Alto PSR fellow. He has strong interests in the assessment and treatment of suicide and SMI. He has an additional interest in forensic evaluation and the application of motivational interviewing to SMI.

Dr. Faustman has an extensive background in the assessment and treatment of veterans with SMI. He has published extensively in the schizophrenia research literature and has over 25 years of experience in inpatient treatment settings. Supervision routinely includes the integration of the research literature in SMI. He has an additional interest in the use of cognitive behavioral therapy in the treatment of psychotic disorders such as schizophrenia.

Dr. Kuppuswamy is an inpatient psychiatrist with a background in PSR and has a primary interest in the integration of PSR into inpatient settings. She is available for supervision and training in both PSR practices and the general practice of inpatient psychiatry. As noted above, fellows may take on a variety of roles in their inpatient training experiences.

The primary training objective is developing competence in PSR focused treatment of acutely ill veterans with SMI diagnoses. Areas of specific training focus include the following:

- 1) Integration of PSR principals to the acute treatment of veterans with SMI diagnoses.
- 2) Assisting veterans in acute crisis to make a transition to an outpatient environment which includes significant PSR opportunities (e.g., the VRC program, Community Re-Entry group at the outpatient MHC, supported employment program).
- 3) Leading/co-leading, and developing PSR based inpatient groups for veterans with SMI diagnoses.

- 4) Obtaining significant learning in the practice of forensic psychology with this population (e.g., writing conservatorship letters, attending court hearings relating to competence and dangerousness, providing testimony in probable cause hearings).
- 5) Performing neuropsychological assessments of veterans with SMI diagnoses and using these data to understand potential difficulties the veteran may have in the rehabilitation process (e.g., this can include reviewing the literature on the relationship between cognition and rehabilitation in schizophrenia).

Reviewed by: Stephen Black, Ph.D.

Date: 08/04/2014

Veterans Recovery Center (PRRC) (Building 321, MPD)
Supervisor: Bruce Linenberg, Ph.D.

1. Patient Population: Male and female veterans of all ages challenged with serious mental illness and significant functional impairment. Co-occurring disorders such as substance abuse may be present but should not be primary.

2. Psychology's Role in the setting: The psychologist's role may include: Screenings and assessments; Being "Recovery Advisor" to a number of veterans and creating individualized recovery plans; Providing individual and group psychotherapy; Teaching psychoeducational classes; Supervising Interns and other trainees; Contributing to program development; Participating in the general Mental Health Clinic's Walk-In Clinic.

3. Other professionals and trainees in the setting: The psychologist is part of an interdisciplinary team which includes nursing, social work, recreational therapy, chaplaincy, and peer support. The team connects with the larger system of Mental Health Clinic, VA and community providers and services, including psychiatry, vocational rehabilitation, MHICM, etc. Other trainees may include Psychology pre-doctoral interns and practicum students, social work interns, and Recreation Therapy students.

4. Nature of clinical services delivered: The VRC is an outpatient transitional learning center designed to help Veterans living with serious mental illness become meaningfully integrated in their community of choice. It includes: Integrated evaluation, assessment, and recovery planning; Teaching therapeutically oriented as well as psychoeducational classes; Individualized therapy or help with skills development; Inclusion of family services when possible. Staff is often out in the community with veterans, not just in the VA setting.

5. Fellow's role in setting: The Fellow is an integral part of the VRC setting, participating in a variety of treatment modalities (community activities, classes, individual meetings, etc.) and playing a multifaceted role (e.g., recovery advisor, screener, teacher, etc.). The Fellow will help prepare Individual Recovery Plans for veterans, teach psychoeducational classes, and coordinate treatment and follow-up with other systems within and outside the VA as appropriate. This includes "bridging" with Inpatient Psychiatry units. Fellows are also encouraged to assist in the training of other trainees on the unit, as well make didactic presentations to staff as part of the implementation and dissemination competency. A Fellow may also choose to learn more about and assist in administrative duties or program evaluation efforts.

6. Amount/type of supervision: At least one hour of individual supervision and one hour of group supervision, with other supervision opportunities in between or after classes. Besides having a Recovery perspective, the psychologist's theoretical orientations include psychodynamic, interpersonal, cognitive behavioral, experiential, and systems orientations. Dr. Linenberg can also assist Fellows with honing conceptualization and formulation skills, and integrating formulations with recovery/rehabilitation perspective.

7. Didactics in the setting: Fellows are invited to participate in a range of didactics. The weekly group supervision with other MHC trainees includes didactics on a variety of topics and issues, and psychologists are always willing to share material, including on the Recovery and Rehabilitation model, Relational and Interpersonal Dynamic models, Case Formulation, Brief Therapy models, and Psychotherapy Integration.

8. Pace: Moderate. As the VRC is not time limited, there tends to be more time to work with veterans on their recovery plans. The pace and timing of intake evaluations or individual meetings differs according to how many referrals occur, and how many veterans the Fellow follows. Class notes within 24 hours. Individual notes as relevant after meeting with patient. Quarterly Recovery Plan updates. Transition/Discharge Notes as necessary.

The VRC is a Psychosocial Rehabilitation and Recovery Center (PRRC). A PRRC is a transitional educational center accessible to veterans with serious mental illness (SMI). SMI tends to be defined as a diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar disorder, or severe PTSD, and for a PRRC must also include significant functional impairment. The vision and mission of the VRC coheres to the core principles and values of the US Psychiatric Rehabilitation Association (USPRA), which focus on helping individuals develop skills and access community based resources and supports. The goal is for veterans to engage more fully and meaningfully in the living, working, learning, and social environments of their choice. The primary focus, through assisting veterans to define their strengths, values, barriers, goals and desired roles, is to foster fuller community integration, with the same opportunities and responsibilities any citizen. The minimum array of clinical or educational services includes: Individualized assessment and curriculum planning linked to the Recovery Plan, Social Skills Training, Cognitive Behavioral or other individual therapy, Illness Management and Recovery, Peer Support Services, other psychoeducational classes, etc., and linkage to other VA services, including psychiatry, addiction treatment, primary medical care, case management, Compensated Work Therapy or Supported Employment, and community services such as Community Colleges, NAMI, Vet Centers, and other peer support.

Reviewed by: Stephen Black, Ph.D.; Kristen McDonald,
Ph.D.

Date: 08/04/2014

Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321)

Supervisors: Daniel Gutkind, Ph.D.

Kristen McDonald, Ph.D.

- 1. Client Population:** Male and female veterans of all ages with a variety of Axis I and Axis II diagnoses. Population is 80% male, with increasing numbers of recently returned veterans
- 2. Psychology's Role in the Setting:** Psychologists are integral members of the treatment staff and work actively with Nursing, Psychiatry, and Social Work to inform treatment decisions and share responsibility for leading treatment groups and coordinating care. Psychologists provide evidence-based individual and group therapy.
- 3. Other Professionals and Trainees in the Setting:** Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry, Psychiatry Residents, Social Work, Nursing Staff, and Peer Support.
- 4. Nature of Clinical Services Delivered:**
 - Individual and group psychotherapy.
 - Case management.
 - Medication evaluation and follow-up.
 - Liaison/consultation with other programs and staff.
 - "On Duty" ("OD") teams provide triage, evaluation, and admission services for clients in acute distress.
- 5. Fellow's Role in the Setting:** Help develop and co-lead psychotherapy groups for veterans with SMI diagnoses. Provide case management and psychotherapy for individual clients. Potentially supervise psychology trainees.
- 6. Amount/Type of Supervision:** Fellows receive one hour of individual and one hour of group case consultation/supervision each week. The supervisor works from an integrationist perspective, focusing on cognitive behavioral and interpersonal processes and how they inform and are informed by the therapeutic alliance. Cognitive behavioral, interpersonal, and psychodynamic approaches are integrated into treatment. Live supervision of individual therapy sessions.
- 7. Didactics:** Fellows are invited, but not required, to participate in the outpatient psychiatry seminars occasionally offered.
- 8. Pace:** The workload at the MHC is steady but constant; the fellow must be able to juggle time required for individual and group therapy sessions, and time for collaboration and contact with other health care providers.

The Mental Health Clinic (MHC) is a full-service outpatient clinic that serves individuals with a wide range of emotional, social, and psychiatric problems. Clients represent the full Axis I and Axis II diagnostic range. Client complaints vary from issues associated with Adjustment Disorder, to managing symptoms and problems in daily living associated with Depression, Anxiety, and Schizophrenia diagnoses. Clients with co-morbid substance abuse/dependence diagnoses and medical problems are common. Clients are referred to the MHC from various inpatient programs (e.g., psychiatry, addiction treatment, medical), other outpatient programs (e.g., Behavioral Medicine), community programs, or self-referral. The MHC also functions as a crisis-intervention center for patients in acute distress. Clients treated by OD triage teams (made up of rotating MHC clinicians) can be admitted for inpatient care, referred to outpatient services, or referred to other community services.

The Mental Health Clinic is currently committed to enhancing psychotherapy treatment options to match the needs of recently returned and aging veterans, and reflect the most current literature on evidence-based treatments, including but not limited to Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Prolonged Exposure, and Seeking Safety. Fellows are encouraged to help develop

and co-lead groups for diagnoses such as Depression, Anxiety, Serious Mental Illness, Substance Use and Post-Traumatic Stress.

Fellows can also expect a heavy emphasis on interdisciplinary team functioning given the multidisciplinary staff and team approach at the MHC. Fellows have the opportunity to attend team meetings in which the team psychiatrist, social worker, clinical nurse specialist, and/or psychologist discuss treatment planning. Fellows attend a weekly group case consultation with other psychologists (staff, postdoc, intern, practicum students) and providers from different training disciplines. Finally, fellows can participate in “OD” Walk-in Clinic multidisciplinary triage team or the Orientation brief assessment team once a week as well.

Weekly individual supervision is devoted to the fellow’s clinical caseload of individual and group therapy clients, focusing primarily on case conceptualization and the therapeutic process. Supervision can also cover professional development issues, treatment team functioning, and program development issues.

Reviewed by: Kristen McDonald, Ph.D.
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